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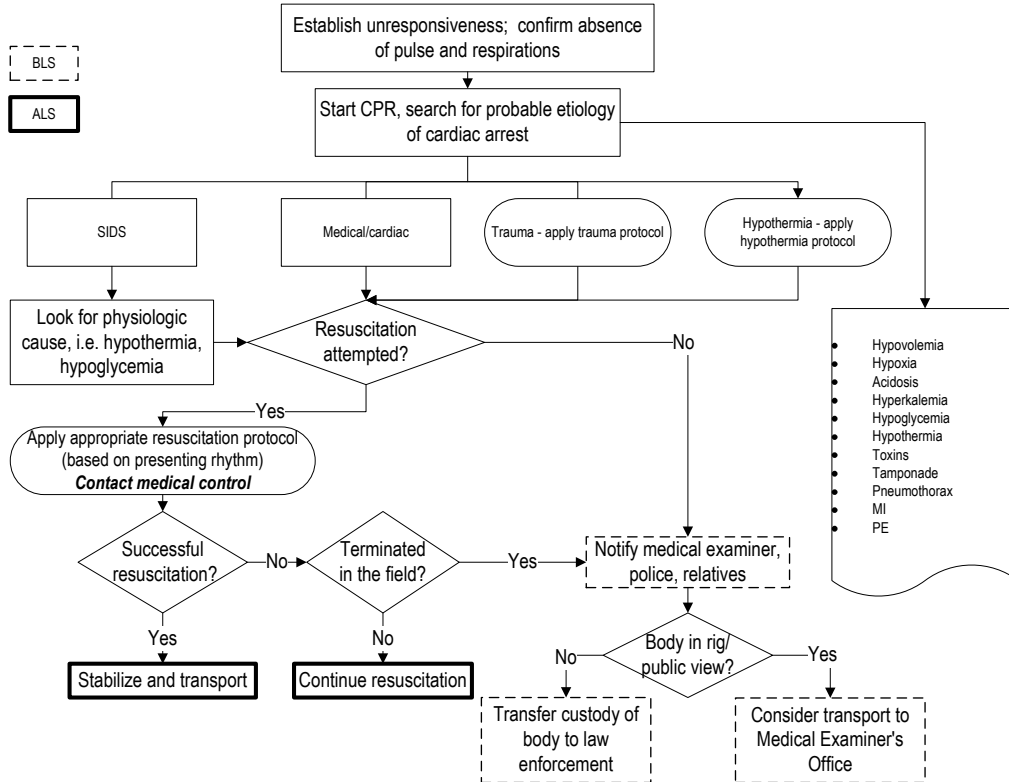
Revision: 24

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
CARDIAC ARREST**

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Signature:

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NOTES:

- BLS shall be started on all patients in cardiac arrest with the exception of victims with: decapitation; rigor mortis; evidence of tissue decomposition; dependent lividity; presence of a valid Do-Not-Resuscitate or POLST (Physician Orders for Life-Sustaining Treatment); fire victim with full thickness burns to 90% or greater body surface area.
- A responding paramedic may cease a BLS initiated resuscitation attempt if:
 - No treatment other than CPR non-visualized airway insertion, and/or AED application with no shock advised **OR**
 - Patient is in traumatic arrest and ECG shows asystole or PEA at a rate less than 30
- If the patient does not meet the above criteria, and a resuscitation attempt is initiated, an order from medical control is required to terminate the attempt regardless of the circumstances.
- Medical control is to be consulted on **all** resuscitation attempts unless ROSC in adults with SBP > 90 and no ectopy.
- Medical control is to be consulted on all questionable resuscitations. CPR and ALS procedures will neither be withheld nor delayed while the decision regarding resuscitation is made.
- Routine use of Amiodarone or lidocaine after successful defibrillation is not indicated.
- For the suspected hypothermic patient in cardiac arrest, transport immediately to the Trauma Center. If the hypothermic patient is in Vfib, defibrillate once.
- Resuscitation must be attempted in traumatic cardiac arrests if the patient is in Vfib (defibrillate once and transport) or if the patient has a narrow QRS complex, regardless of the rate.
- For SIDS patients consider possible physiologic causes: hypothermia - warm the baby; hypoglycemia - check blood sugar and contact medical control.